

Name: \_\_\_\_\_  
Clinic: \_\_\_\_\_  
Date: \_\_\_\_\_

## **Vision Screening Post-Test**

Please watch the Youtube video: "Vision Screening" before completing this post-test.  
I confirm that I watched the entirety of the video.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This test is designed to determine your knowledge and skills as a screener. Please do not consult any notes or talk to anyone while you are taking this test. There is no time limit, but you can plan about 10-15 minutes for completion. Circle the correct answer to the best of your ability.

- 1. The Snellen Letters Chart should be used**
  - a. On all children who need vision screening
  - b. On children 3 through 6 years of age
  - c. On children 6 years of age and older or children who are able to recognize letters or are able to read
  
- 2. You are assigned to refer a child to the Optometry Clinic at a County Hospital. What will be your next steps?**
  - a. Complete the PM161 form and give the form to the parents
  - b. Give the parents the phone number to the hospital and tell them to call for an appointment
  - c. Complete the PM161 and process according to the County referral procedure. Give PM161 and pink copy of the PM160 to the parent and tell the parent to bring both forms to the appointment
  
- 3. You should check the literacy of the child to determine which chart to use**
  - a. True
  - b. False
  
- 4. You are to screen each eye separately**
  - a. True
  - b. False
  
- 5. A 6-year old child has just failed a Vision Screening Test and needs a referral to an Optometrist. The child came to your clinic through the CHDP Gateway and currently has temporary Medi-Cal for the month of service and the month after. Where should this child be referred?**
  - a. The closest County Hospital to their home
  - b. An Optometrist listed in the CHDP Gateway Referral Directory
  - c. An Optometrist listed in the Yellow Pages
  - d. Any Optometrist that accepts Medi-Cal for payment
  - e. B or D
  
- 6. It is normal for children to tilt head to one side when reading the visual acuity charts**
  - a. True
  - b. False

7. **When examining the child's eyes, start with**
- The right eye
  - The left eye
  - Both eyes
8. **All of the following are true regarding the vision screening area, EXCEPT**
- It should be free from distractions
  - It should be out of traffic areas
  - It should have adequate lighting over the chart
  - The heel line should be marked on the wall
9. **You are assigned to complete a Vision Screening Test on a 3-year old child. The result is questionable due to conjunctivitis. What should be your next steps?**
- Inform the doctor of the child's inability to complete the procedure and bill CHDP for the time spent working with the child, making sure to mark any results in the comments/problems section. Schedule a screening procedure recheck in a few weeks.
  - Make a mental note to yourself reminding you to test the child again when the condition has cleared.
  - Place a check mark in Column B (Refused, contraindicated, not needed) on the PM 160 and document "questionable result" in the comments/problems section. Do not bill CHDP for this procedure.
10. **Which statement is TRUE? A child is being tested with 6 letters/shapes on a line...**
- To pass a line, the child must correctly identify 2 out of 6 letters or shapes without squinting
  - To pass a line, the child must correctly identify 2 out of 6 letters or shapes with squinting
  - To pass a line, the child must correctly identify 4 out of 6 letters or shapes without squinting
  - None of the above
11. **Which of the following SHOULD NOT be used to cover the eye during vision screening?**
- Dixie cup
  - Child's hand
  - Tongue blade with back-to-back stickers
  - Fish-shaped templates
12. **A six-year old child just had a vision screening and completed with the following results: 20/50 right eye, 20/50 left eye, and 20/50 both eyes. What should be your next steps?**
- Refer this child to an Optometrist. Write follow-up code "3" on the PM 160 and tell the parent to find an Optometrist near their house.
  - No referral is needed for this result
  - Refer the child to an optometrist. Write follow-up code "5" on line 6 of the PM 160. Write the name of the Optometrist and the phone number in the "Referred to" box and give the pink copy of the PM160 to the parent. Place child's information in your referral log to track the status of the referral.

**13. If a child answers incorrectly**

- a. It is okay to show anxiety or concern
- b. Have the child continue to guess until the correct answer is given
- c. Acknowledge their efforts with “good” or “good job,” even if the answer is incorrect
- d. None of the above

**14. Inward or outward turning of one or both eyes needs further evaluation.**

- a. True
- b. False

**15. After the parent has received the information and education regarding the Vision referral, it is no longer your responsibility to follow up on the child.**

- a. True
- b. False

I confirm that I completed this test by myself without consulting any notes or other external references.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Provider Verification (To be filled out by responsible provider ONLY)**

I certify that \_\_\_\_\_ (Name of staff member completing training)  
has watched the training videos and taken the Post-Test.

Responsible Provider Name: \_\_\_\_\_

Responsible Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_